



COMMONWEALTH of VIRGINIA

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Voice/TDD (804) 371-8977
www.dmhmrzas.state.va.us

MEMORANDUM

TO: CSB Executive Directors
Child and Adolescent Coordinators

FROM: James S. Reinhard, M.D. *JSR*

DATE: February 10, 2005

SUBJECT: Upcoming Forum: *Building Community Infrastructures to Support Behavioral Health Services for Children, Adolescents and Their Families*

I am pleased to announce that the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), specifically the Office of Child and Family Services in conjunction with the Mental Health Planning Council, and the Child and Adolescent Task Force is sponsoring the forum, *Building Community Infrastructures to Support Behavioral Health Services for Children, Adolescents and Their Families*, on March 22nd - 23rd at the Hotel Roanoke and Conference Center in Roanoke, Virginia. This forum, targeted at our community service boards' Child and Adolescent Coordinators and their community partners, was developed in response to recommendations from the 2005 report to the General Assembly, *An Integrated Policy and Plan to Provide and Improve Access to Mental Health, Mental Retardation and Substance Abuse Services for Children, Adolescents and Their Families (Budget Item 330F/329G, 2003 Appropriations Act* as well as the *Child and Adolescent Special Populations Workgroup Report* (August 2004).

The intent of the forum is to provide a philosophical and conceptual framework for developing community based services and support the development of a community approach to a collaborative system of care. Beth Stroul, a nationally recognized expert on *Systems of Care*, and Sandra Spencer, the Executive Director of the Federation of Families, will be our featured speakers. It is very important that every CSB participate in this forum.

DMHMRSAS is requesting that each CSB send a team of six community representatives. Every team should include the CSB's Child and Adolescent Coordinator or the CSB Management designee as well as the parent of a youth under 18 receiving services from the CSB. The 4 additional team members should represent community systems such as the Department of Social Services, the Department of Health, Court Services, CSA, the local school division or another system the CSB works closely with and/or wishes to engage in future collaboration.

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The CSB is responsible for identifying, inviting and registering their team for the training. Each CSB Team will receive two complimentary registrations and two complimentary overnight hotel rooms. It is strongly recommended that the parent participant be awarded a complimentary registration and lodging. A \$75 stipend will be provided to parent participants following the forum to offset their travel and any childcare or respite care expenses they may incur. The remaining registration and room may be used by the CSB representative or offered to another member of the team. Please refer to the enclosed materials and directions for additional information.

The Office of Child and Family Services is excited about the upcoming event and want to be sure to make use of all available training slots. Please notify Shirley G. Ricks, Director of the Office and Betty Harrell (contact information listed on the registration form) as soon as possible if you do not plan to use all 6 slots set aside for your team. To accommodate those CSBs wishing to send additional team members, DMHMRSAS will maintain a "waiting list;" unused slots will be made available to other interested CSBs on a "first come first served basis." CSBs will be notified by March 11th if we are able to honor their waiting list request. **Please note, all registrations must be finalized by March 14th; no changes will be honored after that date.**

Please contact Ms. Ricks at 804-786-0992 or via e-mail at Shirley.ricks@co.dhmmrsas.virginia.gov or Martha Kurgans, Child and Adolescent Specialist if you have any questions. Ms. Kurgans can be reached at (804) 371-2184 or via e-mail at martha.kurgans@dmhmrsas.virginia.gov.

We look forward to seeing your team at the conference.

pc: Mental Health Directors
Mental Retardation Directors

Registration Information

Select Your Team Members

Each CSB is responsible for identifying, inviting and registering its' 6 member Team. Every team should include

- CSB Child and Adolescent Coordinator or CSB Management Designee
- Parent of a youth under age 18 receiving services at the CSB
- 4 additional Team members selected by the CSB. Additional team members should represent other community systems the CSB works closely with or wishes to involve in future collaborations. Partners you may wish to consider include:
 - Local school division
 - Court services staff
 - Juvenile justice services
 - CSA Coordinator
 - Department of Health staff
 - Department of Social Services foster care/child protective services

Determine who will Receive Complimentary Registrations & Hotel Accommodations

DMHMRSAS is providing 2 complimentary registrations and 2 hotel rooms (March 22; single or double occupancy) for each Team. However, it is up to each Team to identify which members will receive the complimentary registrations and who will take advantage of the 2 hotel accommodations. We strongly recommend that the Team absorb the parent's registration and any hotel expenses. The Team may use the complimentary registration and complimentary hotel room to do so or the CSB or another agency may elect to underwrite these expenses.

Registration Information

1. Once you have identified your team members, please provide each member with one of the enclosed conference brochures. Let each member know that they are responsible for
 - a. Completing and submitting the registration form in their brochure.
 - b. Submitting their registration fee – unless they are receiving a complimentary one.
 - c. Contacting the Hotel Roanoke by February 24th to make a reservation if they require overnight accommodations. Be sure they know to mention the "Systems of Care" conference in order to receive the conference rate (\$88 single occupancy/\$118 double occupancy). The hotel is holding a block of rooms for participants through February 24th. Their number is 1-800-222-tree.

Also:

- d. Let your family participant know that they will receive a \$75 stipend following the forum to offset any travel, childcare or respite care expenses they may incur. In order to process their check, however, we need to have their social security number and an address where they wish the check mailed. Be sure to let them know they will receive their check approximately 30 days after the forum.
2. So that we know who to expect and how you wish to utilize your complimentary registrations and hotel accommodations, please complete the enclosed CSB Team Registration form
- a. Identify which members are to receive a complimentary registration
 - b. Identify which members will utilize the DMHMRSAS funded hotel rooms. If you elect to utilize double occupancy, provide names for both occupants.
 - c. Be sure to provide your Parent Member's social security #. This information is needed so we can process their \$75 expense stipend.
 - d. ***Notify Betty Harrell b March 14th regarding any substitutions or changes. Registration changes will not be honored after March 14th.***
 - e. **Be sure to provide the name of your CSB as well as your own phone and e-mail address in case we need to contact you.**
 - f. **Submit the CSB Team Registration Form to:**

Betty Harrell, Events Coordinator
Partnership for People with Disabilities
Virginia Commonwealth University
P.O. Box 843020
Richmond, Virginia 23284-3020
(804) 828-0359 (voice) (804) 828-0042(fax)

CSB Team Registration Form

Name of CSB: _____
Name of Individual Completing Form: _____
Phone Number: _____

Complimentary Registration #1:
Team Member's Name: _____

Complimentary Registration #2:
Team Member Name: _____

Hotel Room # 1 ☐ single occupancy ☐ double occupancy
Team Member Name: _____
Team Member Name: _____

Hotel Room # 2 ☐ single occupancy ☐ double occupancy
Team Member Name: _____
Team Member Name: _____

Please add the following names to the *Waiting List*. We are aware that additional slots will be awarded on a "first come first served" basis and we will be notified after March 11th if we are able to receive an additional slot (s)

1. _____
2. _____

_____(CSB)Team Members

Participant #1 /CSB Participant

Name: _____ Agency: _____
Agency Address: _____
Agency Phone: _____ Fax: _____
E-Mail: _____

Participant #2/Parent Participant

Name: _____ SSN#: _____
Home Address: _____
Phone: _____ Fax: _____
E-Mail: _____

Participant #3

Name: _____ Agency: _____
Agency Address: _____
Agency Phone: _____ Fax: _____
E-Mail: _____

Participant # 4

Name: _____ Agency: _____
Agency Address: _____
Agency Phone: _____ Fax: _____
E-Mail: _____

Participant #5

Name: _____ Agency: _____
Agency Address: _____
Agency Phone: _____ Fax: _____
E-Mail: _____

Participant #6

Name: _____ Agency: _____
Agency Address: _____
Agency Phone: _____ Fax: _____
E-Mail: _____